

Coding and Reimbursement Digest

November 2024

SIR Summary MPFS final rule CY 2025

SIR's Economics Steering Committee published its analysis of the Centers for Medicare and Medicaid Services' (CMS') [final rule](#) for calendar year (CY) 2025 Medicare Physician Fee Schedule (MPFS). The conversion factor (CF) was finalized to be \$32.3465, a decrease of 2.83% from CY 2024 CF of \$33.2875. The decrease is due to the expiration of the 2.93% (\$0.94), which Congress only allowed for a single year of CY 2024. To calculate the factor that will convert RVUs into a dollar amount, CMS had to start with a 2.93% automatic decrease. CMS increased the CF by 0.02% due to budget neutrality. Separate from a decrease in the conversion factor, CMS also finalized decreases in practice expense RVUs (i.e., clinical staff, equipment, and supplies) in the non-facility setting at -2% for interventional radiology. These decreases will impact IR services performed in the non-facility (OBL) setting. [SIR MPFS summary & impact analysis CY 2025](#)

SIR summary HOPPS final rule CY 2025

SIR's Economics Steering Committee published its analysis of the Centers for Medicare and Medicaid Services' (CMS') final rule for the Hospital Outpatient Prospective Payment System (HOPPS). CMS is finalizing an increase of 2.9 percent in HOPPS payment rates for hospitals that meet applicable quality reporting requirements under the Outpatient Department (OPD) fee schedule. This update is based on the projected inpatient hospital market basket increase of 3.4 percent minus a 0.5 percentage point adjustment for multi-factor productivity (MFP). Based on this increase, the estimated total payments to HOPPS providers for CY 2025 will be \$87.7 billion. This represents a \$4.7 billion increase from estimated CY 2024 HOPPS payments. CMS is also finalizing its proposal to continue implementing a statutory 2.0 percent reduction for hospitals failing to meet the hospital outpatient quality reporting requirements set forth by the Hospital Outpatient Quality Reporting (OQR) Program. [SIR HOPPS summary & impact analysis CY 2025](#)

SIR submits letter to UHC for TARE/SIRT

On Nov. 19, SIR sent a letter to United Healthcare (UHC) regarding their policy for transarterial radioembolization (TARE)/selective internal radiation therapy (SIRT) for the treatment of malignant cancers of the liver. In August, UHC issued an updated policy limiting the number of units billed for Healthcare Common Procedure Coding System (HCPCS) code Q3001 to 125 from 330 units that were previously able to report for Y-90. This policy change has caused substantial financial hardships for non-facility office-based labs (OBLs), given that reimbursement has dropped to either half of the cost of the Y-90 device or, in most cases, no reimbursement at all. SIR requests that all Medicare Advantage plans follow the same reimbursement guidelines for Q3001 as traditional Medicare in performing a TARE/SIRT treatment. [SIR comment letter](#)

Join the Alternative Payment Models Workgroup

The Economics Committee is launching a new workgroup focused on alternative payment models, a crucial initiative for advancing reimbursement strategies in IR. Interested members can [learn more and apply](#).

New Carrier Advocacy coverage letter available

The SIR Carrier Advocacy Workgroup in collaboration with OEIS and SCAI published a new evidence-based coverage letter for atherectomy to treat peripheral artery disease (PAD) in collaboration with the Outpatient Endovascular and Interventional Society (OEIS) and the Society for Cardiovascular Angiography and Interventions (SCAI). The letter was developed to help overturn carrier policy, denied authorizations, denied claims and garner support during peer-to-peer meetings with the payors. Download the letter today from the [IR Business Center](#).

